FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Jun 25 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DÖCUMENT #** P94000015287 (3) 1. Corporation Name SOUTHERN KRAFT CORPORATION Malling Address Principal Place of Business 7782 FISHER ISLAND DR 7782 FISHER ISLAND DR DO NOT WRITE IN THIS SPACE FISHER ISLAND, FL FISHER ISLAND, FL Date Incorporated or Qualified 33109 33109 02/22/94 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0475246 Not Applicable Suite, Apt. #, etc. Suite, Apt.#, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Country Zip Country Zlo 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WOLFE, LARRY Street Address (P.O. Box Number is Not Acceptable) 200-A KNOX ROAD TALLAHASSEE, FL 32303-6643 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. CR2E034 (10/97) TITLE 1.1 TITLE GROSSMAN, ROBERT NAME 1.2 NAME STREET ADDRESS 7782 FISHER ISLAND DR 1.3 STREET ADDRESS CITY - ST - ZIP FISHER ISLAND, FL 33104 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE 66/25/266 - 61634 - 612 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the

information indicated on this appear or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or dijector of the corporation or the rejetiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or an adjustificant with an address.

FILED

Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STF FL32381F.1

CITY - ST - ZIP